



Credentialing on the Availity Portal

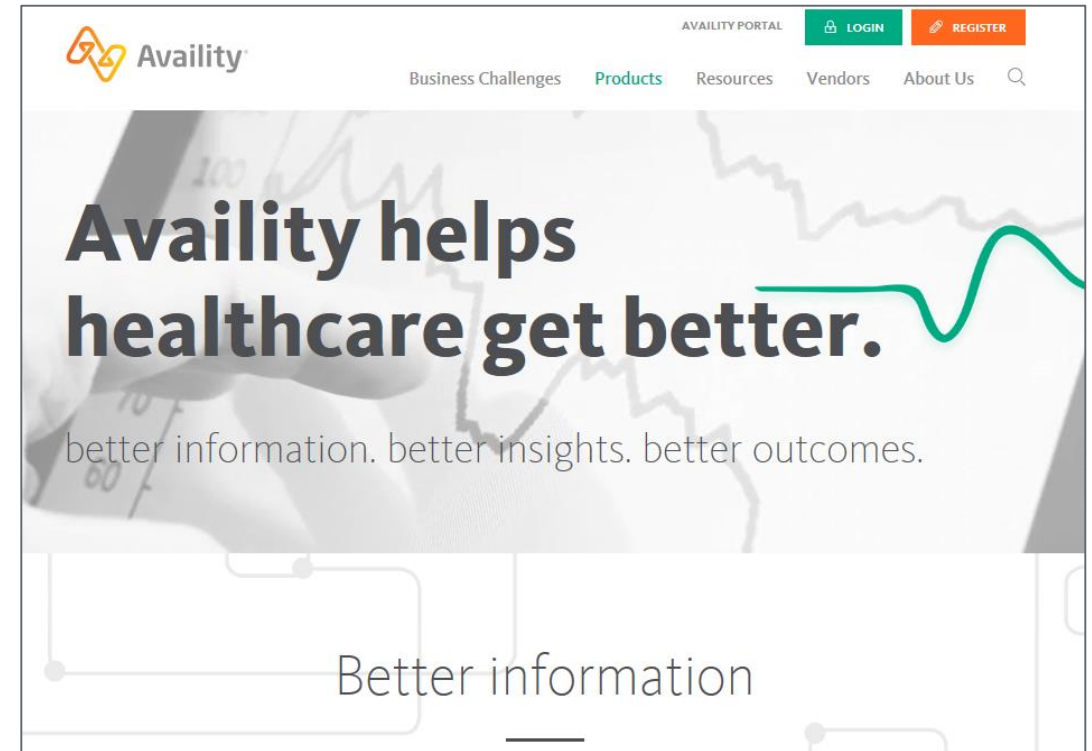
For Nursing Facilities

better information. better insights. better outcomes.

April 2018

The Availity Portal

- ✓ Multiple payers
- ✓ One website
- ✓ One log-in
- ✓ Secure, compliant network
- ✓ No cost

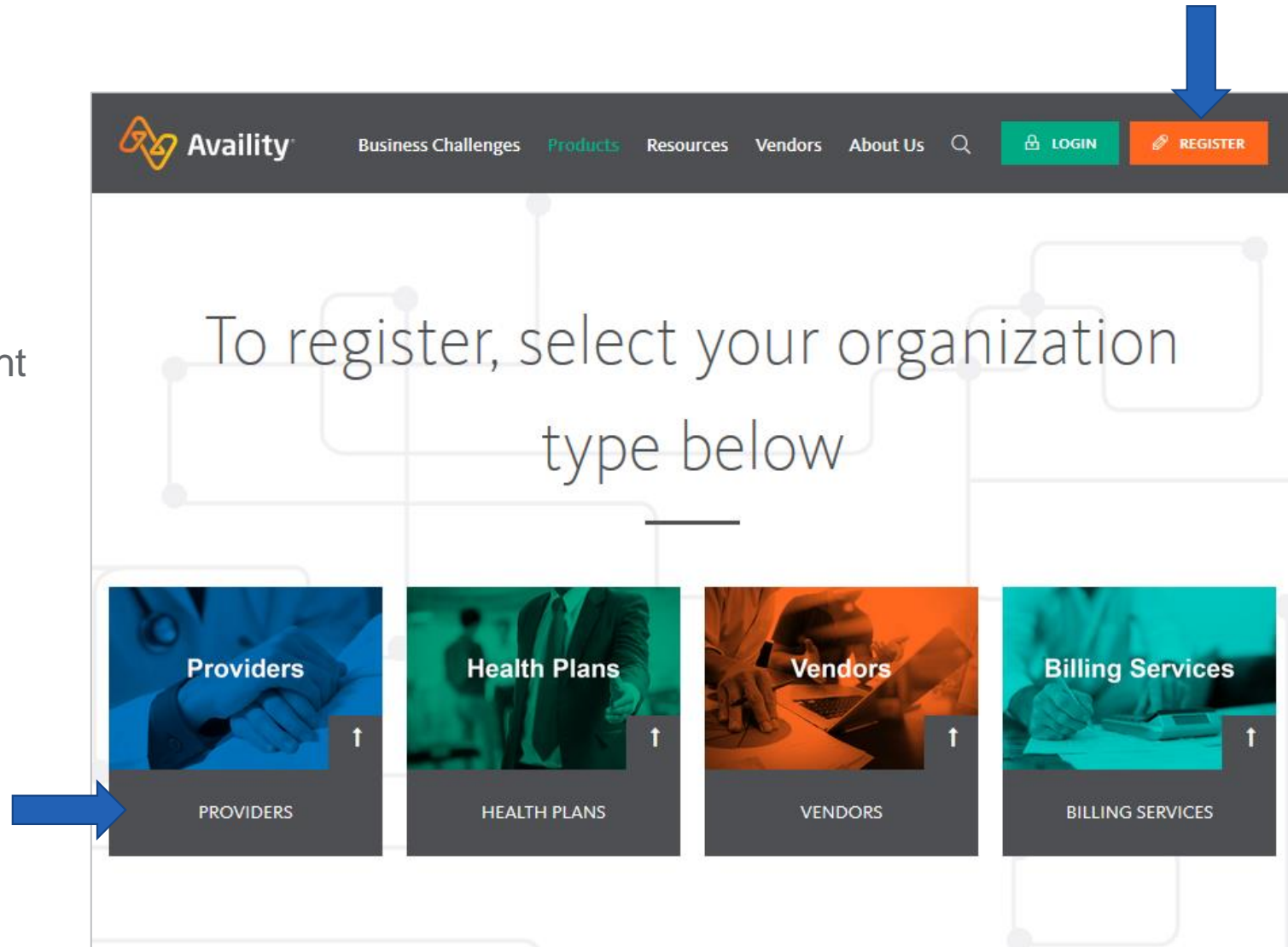


INSIGHT Access many payer-specific tools and third-party applications quickly using Availity's single sign-on (SSO) links. Embedded right at the point of need, open these tools without having to log in separately.



Get registered

1. Go to www.availity.com
2. Select **REGISTER** at the top right of the page.
3. Select **Providers** as the registration type.
4. Complete the registration process.



You'll need...

- Basic organization information
- An individual email address
- Tax ID
- NPI (unless exempt)

Organization Information

Organization Setup

Organization Name
Enter the name of the company you work for. ⓘ Providing a service on behalf of a provider?

Organization Phone Number
() - ext.

Organization's Physical Address

Street Address

City State ZIP / Postal Code

Select...

☒ Billing and physical address are the same.

Taxonomy and Specialty

Primary Specialty/Taxonomy

Select...

Additional Specialties/Taxonomies (Optional)

Select...


It's okay to select more than one.

Payers' Regions

This organization is contracted in the following states:

Select...

Back Next


 Privacy - Terms



First time log in

1. Go to www.availity.com
2. Click **LOGIN** at the top right of the page.

Use temporary password



User ID:

Password:

☐ Show password

[Forgot your password?](#)
[Forgot your user ID?](#)

[Log in](#)

Set three security questions and answers

Question 1:

Response:

Question 2:

Response:

Question 3:

Response:
In what city did you meet your spouse or significant other?
What was the name of your first pet?
What was your favorite place to visit as a child?
What was your first vehicle?
What was your childhood nickname?
What is the name of your favorite childhood friend?
What is the country of your ultimate dream vacation?
In what city were you born?

Enter and re-enter new password

Enter new password:

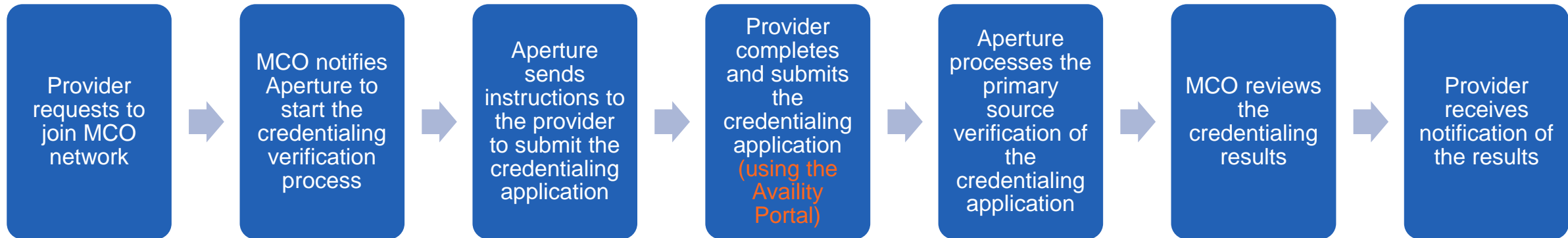
Re-enter new password:

Your new password must...

- ☒ Have 8 to 15 characters
- ☒ Have at least one number
- ☒ Have at least one uppercase letter
- ☒ Have at least one lowercase letter
- ☒ Have at least one special character
- ☒ Not contain your user ID
- ☒ Contain no spaces
- ☒ Match in both entry fields



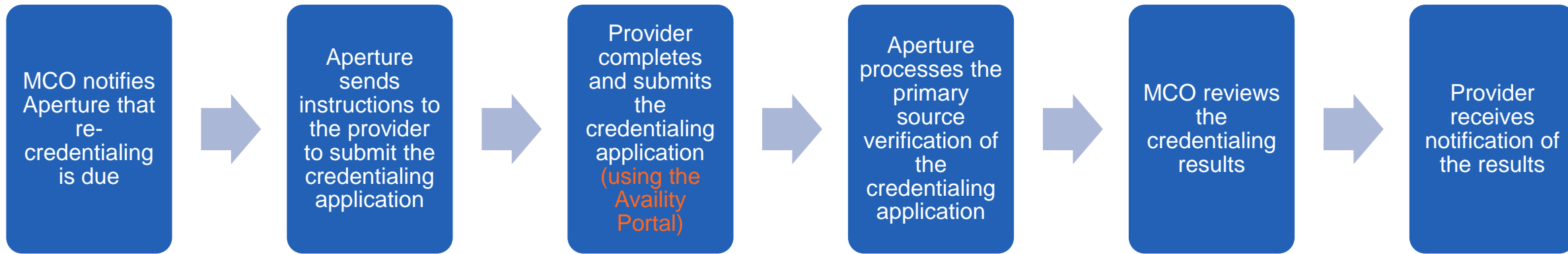
Initial Credentialing Process



- If the NF is **already credentialed** with their contracted Medicaid MCOs as a SNF:
 - NF will be "DEEMED" credentialed for Nursing Facility
 - MCOs will be sending out notices to NFs advising of their "DEEMED" status
- If a NF **has not previously been credentialed as a SNF** by their contracted Medicaid MCOs:
 - NF will need to complete an application as an initial credentialing
- Any change of ownership (CHOW) requires **new contracts** with the Medicaid MCOs and an **initial credentialing** application under the new ownership



Re-credentialing Process



- NFs that are already credentialed as SNF with their contracted Medicaid MCO are required to re-credential every three years.
- Some NFs may need to re-credential based upon their SNF credentialing date with their Medicaid MCOs.
 - Dates may vary by MCO.
 - Earliest re-credentialing date will trigger a notice to the NF of the need to re-credential, and/or
 - Re-credentialing date will reset the credentialing date with **ALL** the Medicaid MCOs to be the same.



Accessing Provider Credentialing

Click My Providers |
Provider Credentialing.

The screenshot displays the Availity web application interface. The top navigation bar includes the Availity logo, a home icon, a notification bell with a '3' badge, 'My Favorites', a location dropdown set to 'Texas', 'Help & Training', a user profile for 'Demo's Account', and a 'Logout' link. Below this is a secondary navigation bar with tabs for 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A 'Keyword Search' bar is on the right. The 'My Providers' dropdown menu is open, showing options: 'PDM Provider Data Management', 'EE Express Entry', 'EC Enrollments Center', and 'PC Provider Credentialing'. The 'PC Provider Credentialing' option is highlighted with a red rectangle and a mouse cursor. The main content area on the left features a 'Notification Center' with three items: 'Florida Blue provider directory - Don't have information?', 'A new quarter means your directory verification again. It will only take a minute.', and 'Don't forget to download your Census and Discharge reports with CarePlus.'. The right sidebar contains a 'My Account Dashboard' with links for 'My Account', 'My Administrators', 'Maintain User', 'Add User', 'Maintain Organization', 'How To' Guide for Dental Providers, and 'Enrollments Center'. At the bottom right, there is a promotional banner for 'ALL NEW ON-DEMAND HIPAA COMPLIANCE for Social Media and Texting' with a 'LEARN THE RISKS' button.



Provider Credentialing role

Administrators must assign the Provider Credentialing role to themselves as well as other users who will need access.

1. On your My Account Dashboard, click **Maintain User**.
2. Locate and click the name of the user who needs the access.
3. Next to the name of the organization, click **View/Edit**.
4. Locate and select the check box next to the **Provider Credentialing** role.
5. Click **Save**.

Note: You will need to logout of the account for the change to take effect.

Availity

My Favorites

Texas

Help & Training

Demo's Account

Logout

Patient Registration

Claims & Payments

My Providers

Reporting

Payer Spaces

More

Keyword Search

Roles for Demo Nelson

TEST - Demo Org - Provider

Choose the best option:

- ☒ This user needs a new set of roles.
- ☐ This user needs the same set of roles as an existing user.

	Role(s)	Permissions What is this?
User Roles		
<input checked="" type="checkbox"/>	Base Role	More Info
<input type="checkbox"/>	Accountable Health System Reports	More Info
<input checked="" type="checkbox"/>	Authorization and Referral Inquiry	More Info
<input checked="" type="checkbox"/>	Authorization and Referral Request	More Info
<input type="checkbox"/>	Blue Ride Interpreter	
<input type="checkbox"/>	Blue Ride Transport	
<input type="checkbox"/>	Blue Ride Typical Pr	
<input checked="" type="checkbox"/>	Claim Status	
<input checked="" type="checkbox"/>	Claims	
<input type="checkbox"/>	Clinical Reports	
<input type="checkbox"/>	Clinician	
<input checked="" type="checkbox"/>	Code Edit Simulator	
<input checked="" type="checkbox"/>	EDI Management	
<input type="checkbox"/>	EFT Enrollment	
<input checked="" type="checkbox"/>	Provider Credentialing	More Info
<input type="checkbox"/>	Provider Data Management	More Info
<input type="checkbox"/>	Provider Enrollment	More Info
<input type="checkbox"/>	Provider Fee Schedule	More Info
<input type="checkbox"/>	Provider Online Reporting	More Info
<input checked="" type="checkbox"/>	Referral Coordinator	More Info
Clinical Roles		
<input type="checkbox"/>	Axial Admin Staff	More Info
<input type="checkbox"/>	Axial Practitioner	More Info
<input type="checkbox"/>	Clinician Tools and Resources	More Info
<input type="checkbox"/>	Medicaid Member Clinical Reports	More Info
<input type="checkbox"/>	Medical Attachments	More Info
<input checked="" type="checkbox"/>	Patient Care Summary	More Info
<input checked="" type="checkbox"/>	Patient360	More Info
Administrator Roles		
<input checked="" type="checkbox"/>	Administrator Assistant	More Info
<input checked="" type="checkbox"/>	Administrator Reports	More Info
<input checked="" type="checkbox"/>	User Administration	More Info

Save Clear Cancel

Tips for completing an application

- To start a new application, click **Credential a Provider** on the Provider Credentialing dashboard.
- All fields are required unless specified as optional.
- Information can be saved once all required fields in a section are complete. Click **Continue** or **Save & Continue**.
 - Once saved you can return to the application at a later time to pick up where you left off.
- Documents you will need prior to completing the application:
 - NF License
 - NF Insurance Certificate (if applicable)
 - HHSC survey (2567)
 - Plan of Correction
 - HHSC Cover Letter(s)
 - NF Clinical Laboratory Improvement Amendment (CLIA) or CLIA Waiver



Credentialing a NF, SNF Provider

- Start the process with basic information.
- Single application for multiple health plans.
- If the NPI matches any of our records, the information is pre-populated in some fields.
- When selecting a specialty you can narrow the list by typing part of the specialty name or part of the taxonomy.
 - You can add additional specialties, if needed.

The screenshot displays the Availity 'Provider Credentialing' form. The top navigation bar includes links for Home, Notifications (1), My Favorites, Florida, Help & Training, Demo's Account, and Logout. Below this is a secondary navigation bar with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is located on the right.

The main form area is titled 'Provider Credentialing' and includes a 'Choose a Credentialing Process' section. Below this are three dropdown menus: 'Select a Business', 'Select a credentialing process', and 'Provider Type'. The 'Provider Type' dropdown is set to 'Facility', with an orange arrow pointing to it labeled 'Facility'.

Below the dropdowns is a section for 'Request enrollment with the following Health Plan(s):'. It shows three selected plans: Aetna, Amerigroup Texas, and Blue Cross Blue Shield of Texas. An orange arrow points to this section labeled 'MCOs'.

The next section is titled 'We will use the following information to see if we have this provider in our records.' It contains a 'Provider NPI' field with the value '3234567899'. An orange arrow points to this field labeled 'NPI'.

Below the NPI field is a checkbox labeled 'This provider is an atypical provider or does not qualify for an NPI.' followed by a 'Primary Specialty' dropdown menu. The dropdown is set to '313' and shows a list of specialties, with '313M00000X NURSING & CUSTODIAL CARE FACILITIES - NURSING FACILITY/INTERMEDIATE CARE FACILITY' selected. An orange arrow points to this dropdown labeled 'Primary'.

Below the primary specialty is an 'Additional Specialties' dropdown menu, which is currently empty. An orange arrow points to this dropdown labeled 'Secondary'.

At the bottom of the form is a 'PLEASE NOTE' section with a warning about required documents: 'A copy of a DEA Registration Certificate, a state Controlled Dangerous Substances (CDS) registration certificate, a current professional liability insurance policy face sheet, a W-9 for each Tax ID, voided check for Medicaid enrollment, and a workers compensation certificate of coverage document may be required to complete this form.' Below this is a 'Continue' button.



The sections needed when credentialing a Facility

Availity Home Notifications 3 My Favorites Texas Help & Training Demo's Account Logout

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More Keyword Search

Availity > Provider Credentialing

PC **Provider Credentialing**

- 1 **Facility Information**
- 2 Service Locations
- 3 Service & Practice Limitations
- 4 Licenses & Identifiers
- 5 Disclosures
- 6 Attachments
- 7 Attestation

Facility Information

General Information

Services Provided
Select...

Business Name

☐ This is also the legal practice/group name.

Legal Name

Tax ID

Legal Status

Business name, legal name and TAX ID must match the W9



Texas contracted Medicaid Number

- In the **Facility Information** section:
 - Add your Texas contracted Medicaid Number
 - Select a State from drop-down
 - Add additional Medicaid Numbers if applicable
- Complete the NF application utilizing the drop-down boxes, when applicable

The image displays two screenshots of the Availity web application interface, specifically the 'Facility Information' section.

Top Screenshot: The 'Facility Information' section is active. The 'Medicaid & Medicare' subsection is highlighted with an orange box. An orange arrow points to the 'Medicaid ID' field, which contains the number '1234567'. The 'State' dropdown menu is set to 'Texas'. Below the 'Medicaid ID' field, there is a link to 'Add another Medicaid ID'. The 'Accreditations' section above shows a dropdown menu with 'Texas Department of Aging and Disability Services' selected.

Bottom Screenshot: The 'Facility Information' section is active. The 'Amount of Coverage Aggregate' section is visible, with a dropdown menu for 'Coverage Type' set to 'Select...'. Below this, there are two questions with radio button options:

- Has the organization's liability insurance policy ever been canceled?
 - ☐ No
 - ☐ Yes
- Has the organization ever been denied renewal of the liability insurance policy or had any limitations placed on the scope of coverage?
 - ☐ No
 - ☐ Yes

At the bottom, there is a question: 'Are you required to carry automobile insurance? (If yes, submit a copy of your certification)' with radio button options:

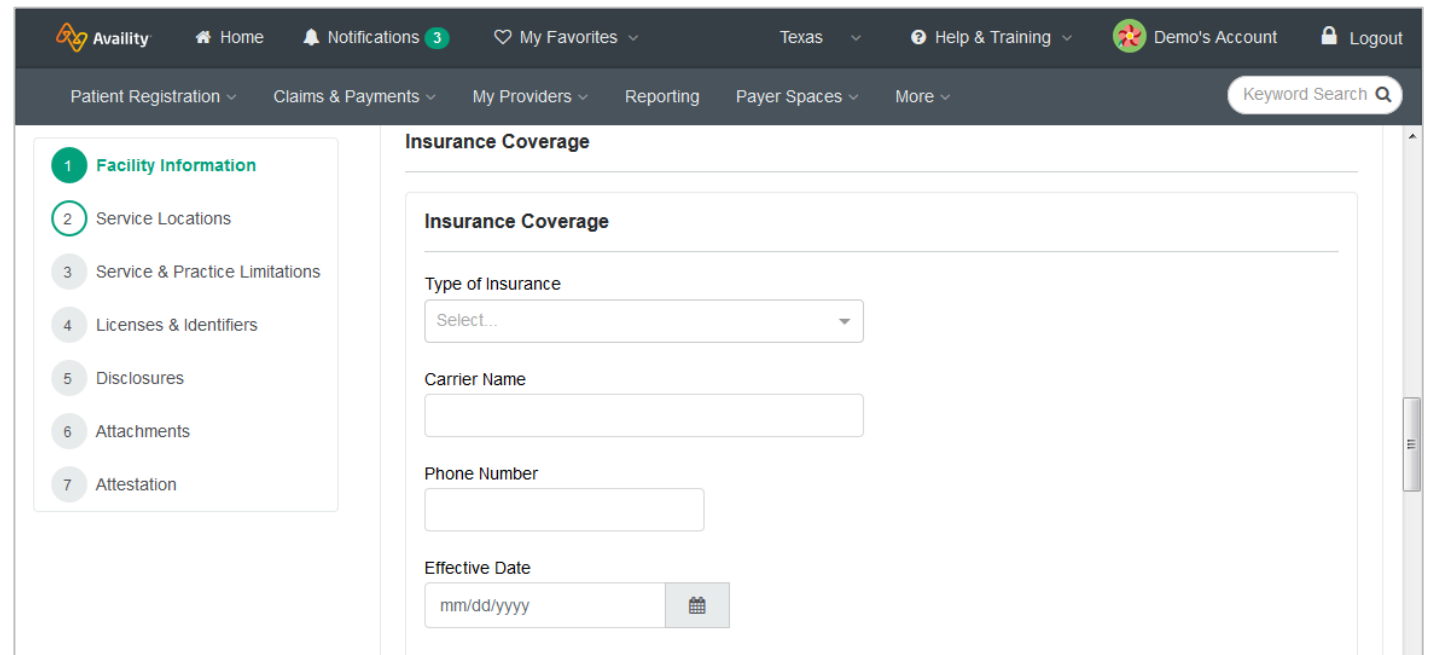
- ☐ Yes
- ☐ No

Below the questions, there is a link to 'Add another/previous insurer'.



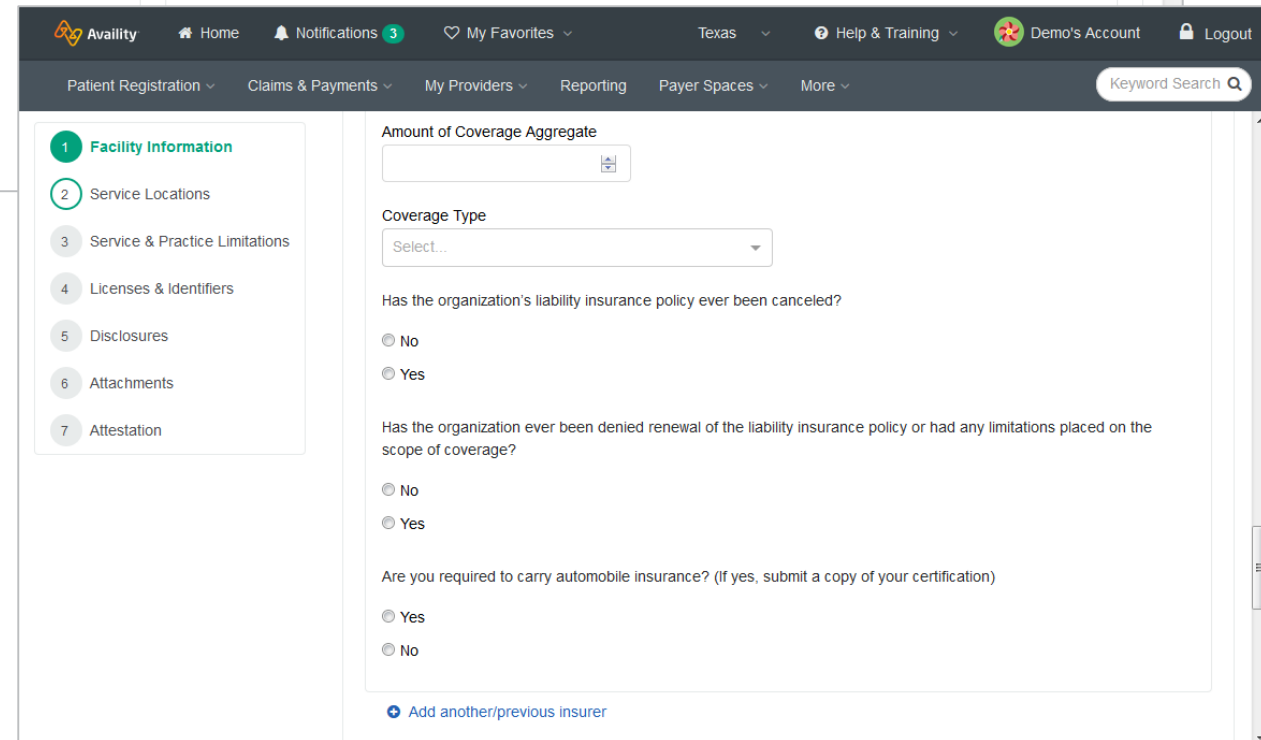
Insurance Coverage

- In the **Facility Information** section:
 - Insurance Coverage is not required for STAR+PLUS credentialing
 - It is recommended to be submitted, if available
- If the NF is also contracted separately as a SNF for MMP or other Medicare Advantage contracts, then insurance may be required
- Check with your MCOs regarding SNF Credentialing Requirement



This screenshot shows the 'Insurance Coverage' section of the Availity web application. The left sidebar contains a list of steps: 1 Facility Information (highlighted), 2 Service Locations, 3 Service & Practice Limitations, 4 Licenses & Identifiers, 5 Disclosures, 6 Attachments, and 7 Attestation. The main content area is titled 'Insurance Coverage' and contains the following fields:

- Type of Insurance:** A dropdown menu with 'Select...' as the current selection.
- Carrier Name:** A text input field.
- Phone Number:** A text input field.
- Effective Date:** A date picker showing 'mm/dd/yyyy'.



This screenshot shows the continuation of the 'Insurance Coverage' section. The left sidebar is identical to the previous screenshot. The main content area includes:

- Amount of Coverage Aggregate:** A text input field.
- Coverage Type:** A dropdown menu with 'Select...' as the current selection.
- Has the organization's liability insurance policy ever been canceled?** Radio button options for 'No' and 'Yes'.
- Has the organization ever been denied renewal of the liability insurance policy or had any limitations placed on the scope of coverage?** Radio button options for 'No' and 'Yes'.
- Are you required to carry automobile insurance? (If yes, submit a copy of your certification)** Radio button options for 'Yes' and 'No'.
- + Add another/previous insurer** A link to add more information.

Business Contact

In the Facility Information section, be sure that the Credentialing Contact for the Business is the person who should be the point of contact for the MCOs.

- This will be the contact for questions, as well as notifications for future re-credentialing notices.
- Be sure it is someone knowledgeable about the credentialing process and the content of the application.

The screenshot displays the Availity web application interface. The top navigation bar includes the Availity logo, a home icon, a notification bell with a '3' badge, 'My Favorites', a location dropdown set to 'Texas', 'Help & Training', 'Demo's Account', and a 'Logout' link. Below this is a secondary navigation bar with links for 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A 'Keyword Search' bar is on the right. The left sidebar contains a list of steps: 1. Facility Information (highlighted), 2. Service Locations, 3. Service & Practice Limitations, 4. Licenses & Identifiers, 5. Disclosures, 6. Attachments, and 7. Attestation. The main content area is titled 'Credentialing Contact for this Business'. It contains several input fields: 'Prefix' (a dropdown menu), 'First Name' (text box with 'Sally'), 'Middle' (text box with 'Middle'), 'Last Name' (text box with 'Sue'), and 'Suffix' (a dropdown menu). Below these are 'Address 1' (text box with '123 Main St') and 'Address 2' (text box with 'Address 2'). Further down are 'City' (text box with 'Any City'), 'State' (dropdown menu with 'Texas'), and 'ZIP' (text box with '92354'). There is also a 'County' text box with 'WA'. The 'Email Address' section has a text box with 'Sally@email.com'. The 'Phone Number' text box contains '5555555555', and the 'Fax Number' text box contains '### ### ####'. At the bottom of the form are 'Cancel' and 'Continue' buttons.

Service Locations

Avility Home Notifications 3 My Favorites Texas Help & Training Demo's Account Logout

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More Keyword Search

1 Facility Information

2 **Service Locations**

3 Service & Practice Limitations

4 Licenses & Identifiers

5 Disclosures

6 Attachments

7 Attestation

Average case load per day (Optional)

Maximum capacity for case loads (Optional)

Occupancy rate (Optional)

Unique services offered to Medicaid patients (Optional)

Communication Services

- ☐ This location has foreign language communication services.
- ☐ This location has foreign language communication services via telecommunications.
- ☐ This location has after hours telecommunication coverage.
- ☐ This location has an answering service.

County

Medicaid ID

Phone Number Back Office Phone Number

Fax Number

Email Address

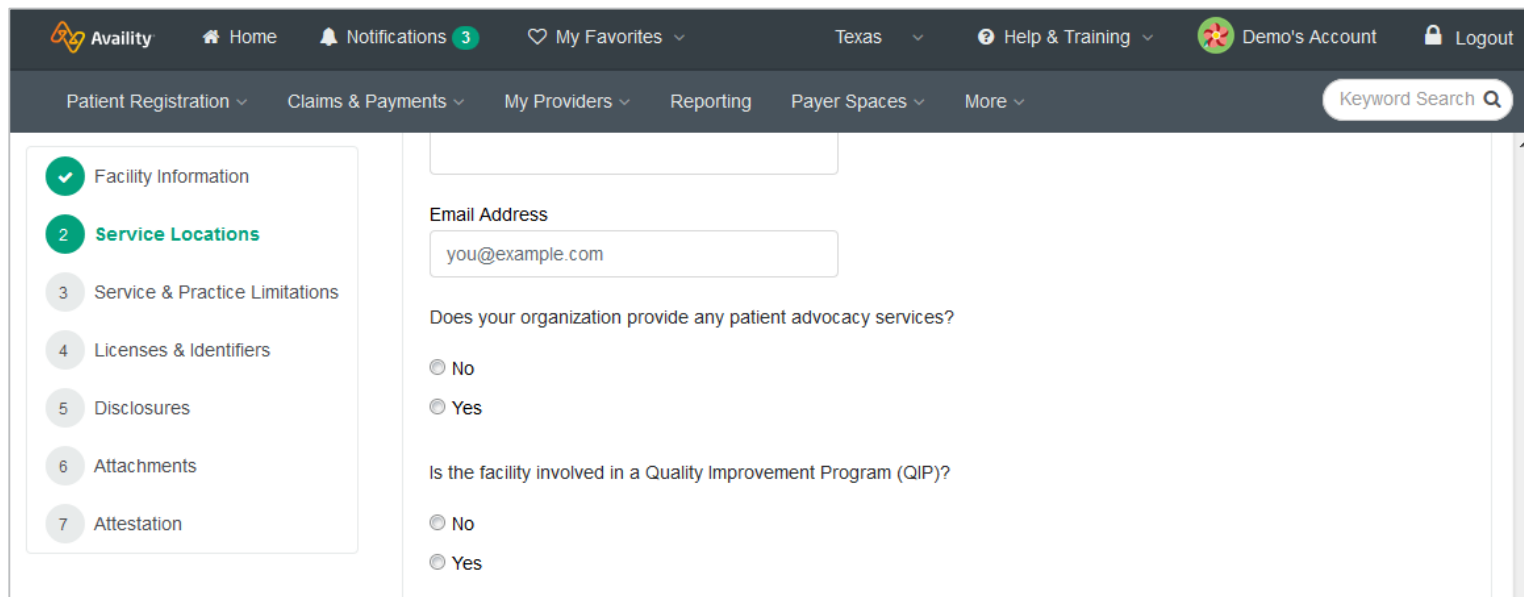
- ☐ List this site in the directory.
- ☐ This facility has providers that currently perform services at this location.
- ☐ This is a mobile facility.
- ☐ This location has services for those with mental/physical impairment.
- ☐ This location has Emergency Room capabilities.

In the Service Locations section:

- Select only boxes that apply to the NF
- These are informational questions that do not impact the NF STAR+PLUS credentialing status



Service Locations (cont.)



Availity Home Notifications 3 My Favorites Texas Help & Training Demo's Account Logout

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More Keyword Search

- 1 Facility Information
- 2 **Service Locations**
- 3 Service & Practice Limitations
- 4 Licenses & Identifiers
- 5 Disclosures
- 6 Attachments
- 7 Attestation

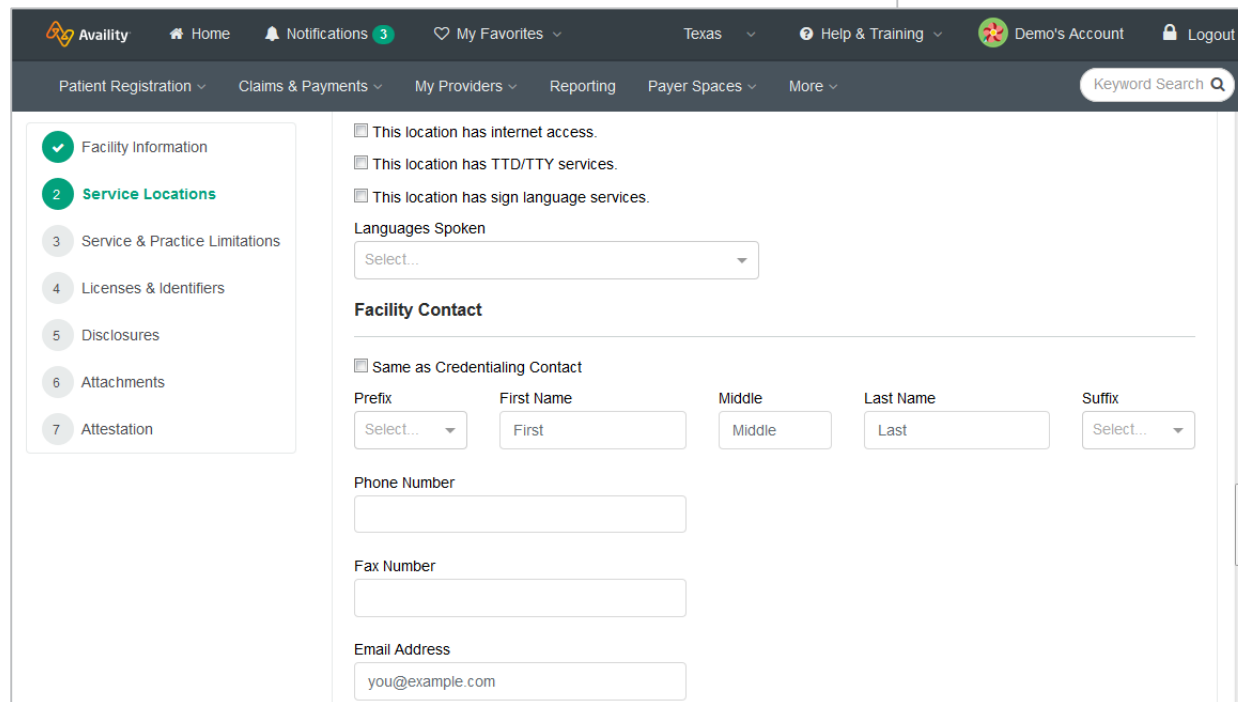
Email Address
you@example.com

Does your organization provide any patient advocacy services?

☐ No
☐ Yes

Is the facility involved in a Quality Improvement Program (QIP)?

☐ No
☐ Yes



Availity Home Notifications 3 My Favorites Texas Help & Training Demo's Account Logout

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More Keyword Search

- 1 Facility Information
- 2 **Service Locations**
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- 7 Attestation

☐ This location has internet access.
☐ This location has TTD/TTY services.
☐ This location has sign language services.

Languages Spoken
Select...

Facility Contact

☐ Same as Credentialing Contact

Prefix First Name Middle Last Name Suffix
Select... First Middle Last Select...

Phone Number

Fax Number

Email Address
you@example.com

Facility Hours

☐ This location has phone coverage 24 hours/day, 7 days/week.

[Add office hours](#)

Patient Age & Gender

Select age groups of patients seen

Select...

☐ This location has age limitations.

☐ This location has gender limitations.

Previous

Save & Continue



Services & Practice Limitations

- Skip any questions that are not applicable
- Select only those services that the NF provides directly – not through an ancillary provider

The screenshot shows the Availity Provider Credentialing interface. The top navigation bar includes the Availity logo, Home, Notifications (3), My Favorites, Texas, Help & Training, Demo's Account, and Logout. Below this is a secondary navigation bar with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More, along with a Keyword Search bar. The main content area is titled "123 Main St Anycity, TX 12345" and "Billing Contact & Billing Address". It contains fields for Prefix, First Name, Middle, Last Name, and Suffix. There is a checkbox for "Billing Address Same as Service Location". Below this are fields for Address 1, Address 2, City, State (dropdown), ZIP, and County. There are also fields for Phone Number, Fax Number, Email Address, Department Name (if Hospital), and Check should be payable to (Payable To). On the left side, there is a sidebar with a list of steps: 1. Facility Information, 2. Service Locations, 3. Service & Practice Limitations (highlighted), 4. Licenses & Identifiers, 5. Disclosures, 6. Attachments, and 7. Attestation.

The screenshot shows the Availity Provider Credentialing interface, specifically the "Services & Practice Limitations" section. The top navigation bar is identical to the previous screenshot. The main content area is titled "Provider Credentialing" and "Services & Practice Limitations". It contains a message: "We need more information on the services and practice limitations for each of these locations. 123 Main St Anycity, TX 12345. We'll walk you through each location to ensure all additional information is entered accurately. Don't see a location here? You can [add a new service location](#) for this provider." Below the message are two buttons: "Return to Service Locations" and "Get Started!". On the left side, there is a sidebar with a list of steps: 1. Facility Information, 2. Service Locations, 3. Service & Practice Limitations (highlighted), 4. Licenses & Identifiers, 5. Disclosures, 6. Attachments, and 7. Attestation.



Services & Practice Limitations (cont.)

These are information questions not impacting the STAR+PLUS credentialing status.

Availity Home Notifications 3 My Favorites Texas Help & Training Demo's Account Logout

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More Keyword Search

✓ Facility Information
✓ Service Locations
3 Service & Practice Limitations
4 Licenses & Identifiers
5 Disclosures
6 Attachments
7 Attestation

☐ This location is capable of electronic billing.

Federally Qualified Health Center (FQHC) centers — Please confirm you currently meet and will continue to meet Medicare conditions of coverage as defined in the Social Security Act §1861(aa)?

☐ No
☐ Yes

Comprehensive Outpatient Rehabilitation Facility (CORF), End-Stage Renal Dialysis (ESRD) Center, Outpatient Physical Therapy (PT), Outpatient Speech Rehabilitation facility, end-stage renal dialysis center, outpatient physical therapy, outpatient speech athology and Rural Health Center (RHC)rural health centers: Please confirm you currently meet and will continue to comply with all Centers for Medicare & Medicaid Services or state survey requirements.

☐ No
☐ Yes

Practice Limitations & Services

☐ This location is accepting new patients.
☐ This location has practice limitations.
☐ This location provides childcare services.
☐ This location qualifies as a minority business enterprise.
☐ This location administers anesthesia.

Check if this location is accessible by the following public transportation:

☐ Bus
☐ Subway
☐ Train
☐ Other

Check if someone at this location has any of the following certifications:

☐ BLS (Basic Life Support)
☐ ACLS (Advanced Cardiac Life Support)
☐ ALSO (Advanced Life Support in OB)
☐ PALS (Pediatric Advanced Life Support)
☐ ATLS (Advanced Trauma Life Support)
☐ NALS (Neonatal Advanced Life Support)
☐ CPR (Cardio-Pulmonary Resuscitation)
☐ Other Certification



Services & Practice Limitations (cont.)

- STAR+PLUS credentialing requirements include the NF either having a Clinical Laboratory Improvement Amendment (CLIA) or a CLIA Waiver.
 - A copy of the CLIA or CLIA Waiver is required.
 - If the NF is undergoing Change of Ownership (CHOW) then the NF has up to 84 days to submit the CLIA or CLIA Waiver from the submission of the credentialing application.
- Services should only be ones provided directly by the NF – not through an ancillary provider.

Availity

Notifications 3

My Favorites

Texas

Help & Training

Demo's Account

Logout

Patient Registration

Claims & Payments

My Providers

Reporting

Payer Spaces

More

Keyword Search

✓ Facility Information

✓ Service Locations

3 Service & Practice Limitations

4 Licenses & Identifiers

5 Disclosures

6 Attachments

7 Attestation

Check if this location provides any of the following services:

<input type="checkbox"/> Laboratory Services	<input type="checkbox"/> Drawing Blood
<input type="checkbox"/> Certificate of Participation from CLIA or another accrediting program	<input type="checkbox"/> Age Appropriate Immunizations
<input type="checkbox"/> Radiology Services	<input type="checkbox"/> Flexible Sigmoidoscopy
<input type="checkbox"/> X-Ray Certification	<input type="checkbox"/> Typanometry/Audiometry Screening
<input type="checkbox"/> EKG's	<input type="checkbox"/> Asthma Treatment
<input type="checkbox"/> Care of Minor Lacerations	<input type="checkbox"/> Osteopathic Manipulation
<input type="checkbox"/> Pulmonary Function Testing	<input type="checkbox"/> IV Hydration/Treatment
<input type="checkbox"/> Allergy Injections	<input type="checkbox"/> Cardiac Stress Test
<input type="checkbox"/> Allergy Skin Testing	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Office Gynecology (Routine Pelvic/Pap)	<input type="checkbox"/> Other

Hospital Services

☐ This location is a hospital.

Behavioral Health Services

☐ This location has behavioral health services.

Long-term Care Services

☐ This location provides long-term care services.

☐ This location has a day activity rate enhancement program.

☐ This location has a residential care/assisted living rate enhancement program.

☐ This location has transition/relocation services.

STAR Kids Providers

☐ This location participates in STAR Kids services.

Americans with Disabilities Act (ADA) Survey

☐ This location is ADA Accessible.

Mid-level Practitioners

☐ This location has mid-level practitioners caring for patients.

Previous

Save & Continue



Licenses and Identifiers

Select **Add a license for this provider** and complete the license questions.

- NFs must have a current license in the name of the current ownership to be credentialed.
- NFs going through a Change of Ownership (CHOW) - applications are not complete until the new license is submitted.
- A letter from HHSC verifying the NF has a current license is acceptable for NFs recently completing a CHOW.

The image displays two screenshots of the Availity Provider Credentialing interface. The top screenshot shows the 'Licenses & Identifiers' step in progress. The left sidebar lists the steps: Facility Information, Service Locations, Service & Practice Limitations, Licenses & Identifiers (highlighted), Disclosures, Attachments, and Attestation. The main content area shows a message: 'We found an NPI, 0 licenses, and 0 other identifiers that may be associated with this provider. Will this provider be performing services with the following licenses and identifiers?'. Below this message are two sections: 'Select the licenses this provider will perform services with:' and 'Select the identifiers this provider will perform services with:'. At the bottom of the main content area are two buttons: 'Return to Services & Practice Limitations' and 'Get Started!'. The bottom screenshot shows the 'Summary' page for the 'Licenses & Identifiers' step. The left sidebar is the same. The main content area shows a 'Summary' section with two sub-sections: 'Licenses' and 'Identifiers'. Under 'Licenses' is a button 'Add a license for this provider'. Under 'Identifiers' is a button 'Add an identifier for this provider'. At the bottom of the main content area are two buttons: 'Return to Services & Practice Limitations' and 'Save & Continue'.



Disclosures

Answer each Disclosure question based on current ownership.

- Read through all of the disclosures carefully.
- Any question answered Yes will require further explanation.
 - A text box will appear with a 500 character capacity to explain.
 - If more room is needed, a separate document may be submitted with further explanation under the Attachments section.

INSIGHT Example of explanation for federal and state sanctions:
Texas Administrative penalties for the 4/15/16 survey
CMS Civil Money Penalties for 4/15/16 survey
Denial of Payment for 4/15/16 survey - DPNA for 5/31/16 - 6/15/16

NFs must disclose all federal and state sanctions and penalties for the most recent three years.

Availity

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More

Keyword Search

Facility Information

Service Locations

Service & Practice Limitations

Licenses & Identifiers

5 Disclosures

6 Attachments

7 Attestation

Disclosures

Other Provider Disclosure

Has the organization ever been reprimanded, fined by any state agency that disciplines allied health professionals or health organizations?

☐ No

☐ Yes

Has the organization's license to practice or operate in any jurisdiction (state or county) ever been denied, revoked, suspended, sanctioned or subject to probation or any conditions or limitations?

☐ No

☐ Yes

Have any disciplinary proceedings ever been instituted against the organization by any medical organization or medical institute?

☐ No

☐ Yes

Has the organization ever been convicted of a felony?

☐ No

☐ Yes

Have any malpractice suits, arbitration or other proceeding ever been instituted against the organization (regardless of outcome)?

☐ No

☐ Yes

Has the organization ever been investigated, reprimanded, censured, excluded, suspended or disqualified by Medicare or Medicaid program?

☐ No

☐ Yes



Required Attachments

STAR+PLUS credentialing requirements include the NF either having a Clinical Laboratory Improvement Amendment (CLIA) or a CLIA Waiver.

- A copy of the CLIA or CLIA Waiver is required.
- If the NF is undergoing Change of Ownership (CHOW) then the NF has up to 84 days to submit the CLIA or CLIA Waiver from the submission of the credentialing application.

TIPS: Accepted file types include TIF, JPG, and PDF. There is no file size limit.

The screenshot displays the Availity portal interface. The top navigation bar includes the Availity logo, a home icon, a notification bell with a '3' badge, 'My Favorites', the state 'Texas', 'Help & Training', 'Demo's Account', and a 'Logout' button. Below this is a secondary navigation bar with links for 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More', along with a 'Keyword Search' field. The main content area is divided into two columns. The left column contains a vertical menu with items: 'Facility Information', 'Service Locations', 'Service & Practice Limitations', 'Licenses & Identifiers', 'Disclosures', '6 Attachments' (highlighted with a green circle), and '7 Attestation'. The right column is titled 'Attachments' and is further divided into 'Required Attachments' and 'Optional Attachments'. Under 'Required Attachments', there are two sections: 'Attach a Voided Check for Medicaid Enrollment' (with a red checkmark and 'File not applied') and 'Attach an Accreditation Certificate - Texas Department of Aging and Disability Services' (also with a red checkmark and 'File not applied'). Each section has a blue plus icon and a link to attach the respective document. Under 'Optional Attachments', there is a section for 'Attach a State License' (with a red checkmark and 'File not applied') and a blue plus icon with a link to attach the license. An orange callout box with a pointer to the '6 Attachments' menu item contains the text 'CLIA or CLIA Waiver'.

Availity

Texas

Help & Training

Demo's Account

Logout

Patient Registration

Claims & Payments

My Providers

Reporting

Payer Spaces

More

Keyword Search

Facility Information

Service Locations

Service & Practice Limitations

Licenses & Identifiers

Disclosures

6 Attachments

7 Attestation

Attachments

Required Attachments ?

Attach a Voided Check for Medicaid Enrollment

File not applied

Attach a Voided Check for Medicaid Enrollment

Accreditation Certificate - Texas Department of Aging and Disability Services

File not applied

Attach an Accreditation Certificate - Texas Department of Aging and Disability Services

Optional Attachments ?

Attach a State License

File not applied

Attach a State License

CLIA or CLIA Waiver



Optional Attachments

Current NF License or
HHSC Letter verifying
current license

Not required for STAR+PLUS, but preferred
- May be required for SNF credentialing

Not required for STAR+PLUS, but preferred
- May be required for SNF credentialing

The most recent 2567 Statement of Deficiencies
that includes the Plan of Correction and HHSC
accompanying cover letters/clearance letters will
satisfy as proof of Medicare participation.

The screenshot shows the Availity user interface. The top navigation bar includes links for Home, Notifications (3), My Favorites, Texas, Help & Training, and Demo's Account. Below this is a secondary navigation bar with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is located on the right. The main content area is titled 'Optional Attachments' and features a sidebar on the left with a progress indicator showing 'Facility Information' (checked), 'Disclosures' (checked), and 'Attachments' (6 items). The main area lists five attachment categories, each with a 'File not applied' status and a link to attach the document:

- Attach a State License**
File not applied
[+ Attach a State License](#)
- Attach a Declaration Sheet and/or Certificate of Insurance for Current Professional Malpractice Insurance**
File not applied
[+ Attach a Declaration Sheet and/or Certificate of Insurance for Current Professional Malpractice Insurance](#)
- Attach a Declaration Sheet and/or Certificate of Insurance for Comprehensive General Liability Insurance**
File not applied
[+ Attach a Declaration Sheet and/or Certificate of Insurance for Comprehensive General Liability Insurance](#)
- Attach a Medicare Participation Certificate**
File not applied
[+ Attach a Medicare Participation Certificate](#)
- Attach a DEA Certificate**
File not applied

Orange callout boxes are overlaid on the image, providing additional context for each attachment type:

- Current NF License or HHSC Letter verifying current license** (points to the State License attachment)
- Not required for STAR+PLUS, but preferred - May be required for SNF credentialing** (points to the Malpractice Insurance attachment)
- Not required for STAR+PLUS, but preferred - May be required for SNF credentialing** (points to the Comprehensive General Liability Insurance attachment)
- The most recent 2567 Statement of Deficiencies that includes the Plan of Correction and HHSC accompanying cover letters/clearance letters will satisfy as proof of Medicare participation.** (points to the Medicare Participation Certificate attachment)



Optional Attachments (cont.)

The most recent 2567 Statement of Deficiencies that includes the Plan of Correction and HHSC accompanying cover letters/clearance letters will satisfy as proof of TMHP Medicaid Letter and Agreement with HHSC.

Availity

Texas

Help & Training

Demo's Account

Logout

Patient Registration

Claims & Payments

My Providers

Reporting

Payer Spaces

More

Keyword Search

- ✓ Facility Information
- ✓ Service Locations
- ✓ Service & Practice Limitations
- ✓ Licenses & Identifiers
- ✓ Disclosures
- 6 Attachments
- 7 Attestation

Attach a Texas Mental Health and Mental Retardation Certification

File not applied

+ Attach a Texas Mental Health and Mental Retardation Certification

Attach a TMHP Medicaid Letter

File not applied

+ Attach a TMHP Medicaid Letter

Attach Evidence of Agreement With HHSC

File not applied

+ Attach Evidence of Agreement with HHSC

Attach a Facility Organizational Chart

File not applied

+ Attach a Facility Organizational Chart



Optional Attachments (cont.)

Current W9, part of demographic information

The most recent 2567 Statement of Deficiencies that includes the Plan of Correction and HHSC accompanying cover letters/clearance letters.

Availity

Texas

Help & Training

Demo's Account

Logout

Patient Registration

Claims & Payments

My Providers

Reporting

Payer Spaces

More

Keyword Search

Facility Information

Service & Practice Limitations

Licenses & Identifiers

Disclosures

Attach a Current Signed W-9

File not applied

Attach a Current Signed W-9

Attach a CMS or State Survey, Including Your Corrective Action Plan if Deficiencies Were Cited or Cover Letter From CMS/State Agency Stating Facility Is in Substantial Compliance

File not applied

Attach a CMS or state survey

Attach a Copy of Your Automobile Insurance Certificate

File not applied

Attach a copy of your automobile insurance certificate

Previous

Save & Continue

See checklist in speaker notes section.

Attestation

Attestations may be signed by any authorized representative of the NF.

- The NF can determine who is authorized to sign for the NF.
- You may print a copy of the Attestation Statement for your records.

Availity Home Notifications 3 My Favorites Texas Help & Training Demo's Account Logout

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More

Keyword Search

Attestation

[Print Attestation Statement](#)

All information provided in this, or in connection with this application, is complete and accurate to the best of my knowledge, and I shall immediately notify the Plan(s) of any changes thereto. I understand that this application does not entitle me to participation in the Plan(s) network. By applying for appointment as a TAHP participating provider, I authorize the Plan(s) plan, its medical director, and appropriate representatives to consult with administrators and members of other institutions where I have been associated, including past and present malpractice carriers who may have information bearing on my professional competence, character, and ethical qualifications. I hereby further consent to the inspection by the Plan(s), and their representatives, its medical director and appropriate representatives, of all records and documents, excluding medical records of nonmembers of TAHP plans, that may be material to an evaluation of any professional qualifications and competence to carry out the requested duties, as well as my moral and ethical qualifications for participating provider status with the Plan(s) TAHP. I consent and agree that TAHP will complete a criminal history background check to determine if I, or any subcontracted providers, have any history of felony convictions, including adjudication withheld on a felony, plea or nolo contendere to a felony or entry into a pretrial for a felony. I agree to obtain any consents or approvals required for my subcontracted providers to undergo such background checks.

I hereby release the Plan(s) and its representatives, including TAHP and Aperture Credentialing, LLC, from any liability for their acts performed in good faith and without malice in connection with evaluating my application, credentials, and qualifications. I hereby release any individuals and organizations from any liability that provide information to the Plan(s) and its representatives or its staff in good faith and without malice concerning my professional competence, ethics, character, and other qualifications, and I hereby consent to the release of such information. By executing this application, I confirm that I am bound by the terms of the ancillary agreement between me or my group and the Plan(s), as such terms may be applicable to me.

I understand that as an applicant for participation in the Plan(s), I have the right to review information obtained from primary verification sources during the credentialing process. I further understand that upon notification from the Plan(s), I have the right to explain any information obtained that may vary substantially from that provided by me and correct any erroneous information submitted by another party. This shall be accomplished by my submission of a written explanation or by appearance before the credentialing committee, if they so request. I further understand that I may appeal the committee's decision either in writing or by appearance before the credentialing committee, if they so request.

By signing below, I attest that I have reviewed and understand all terms and conditions contained in this Attestation/Consent & Release. I agree that my electronic signature is equivalent to my hand-written signature

Name of Attester Date of Signature

4/23/2018

☐ I attest that I have read and agree with the above statement.

Provider must be knowledgeable of acts that constitute Abuse or Neglect and Abuse, Neglect, or Exploitation of a Member. The Department of Family and Protective Services oversee Child Protective Services (CPS) and Adult Protective Services (APS).

- Taking Social Security or Supplemental Security Income (SSI) checks
- Abusing joint checking accounts
- Taking property and other resources

To Report Abuse for APS or CPS contact them at the following:

- By Phone: 1-800-252-5400
- Online: https://www.dfps.state.tx.us/Contact_Us/report_abuse.asp

The Abuse Hotline toll-free 24 hours a day, 7 days a week, within 24 hours.

By my signature below, I attest that the Provider is not a member of the Plan(s) or Neglect (CPS) and Abuse (APS) of a Member.

☐ I attest that I have read and agree with the above statement.

Provider Name Title Date of Signature

4/23/2018

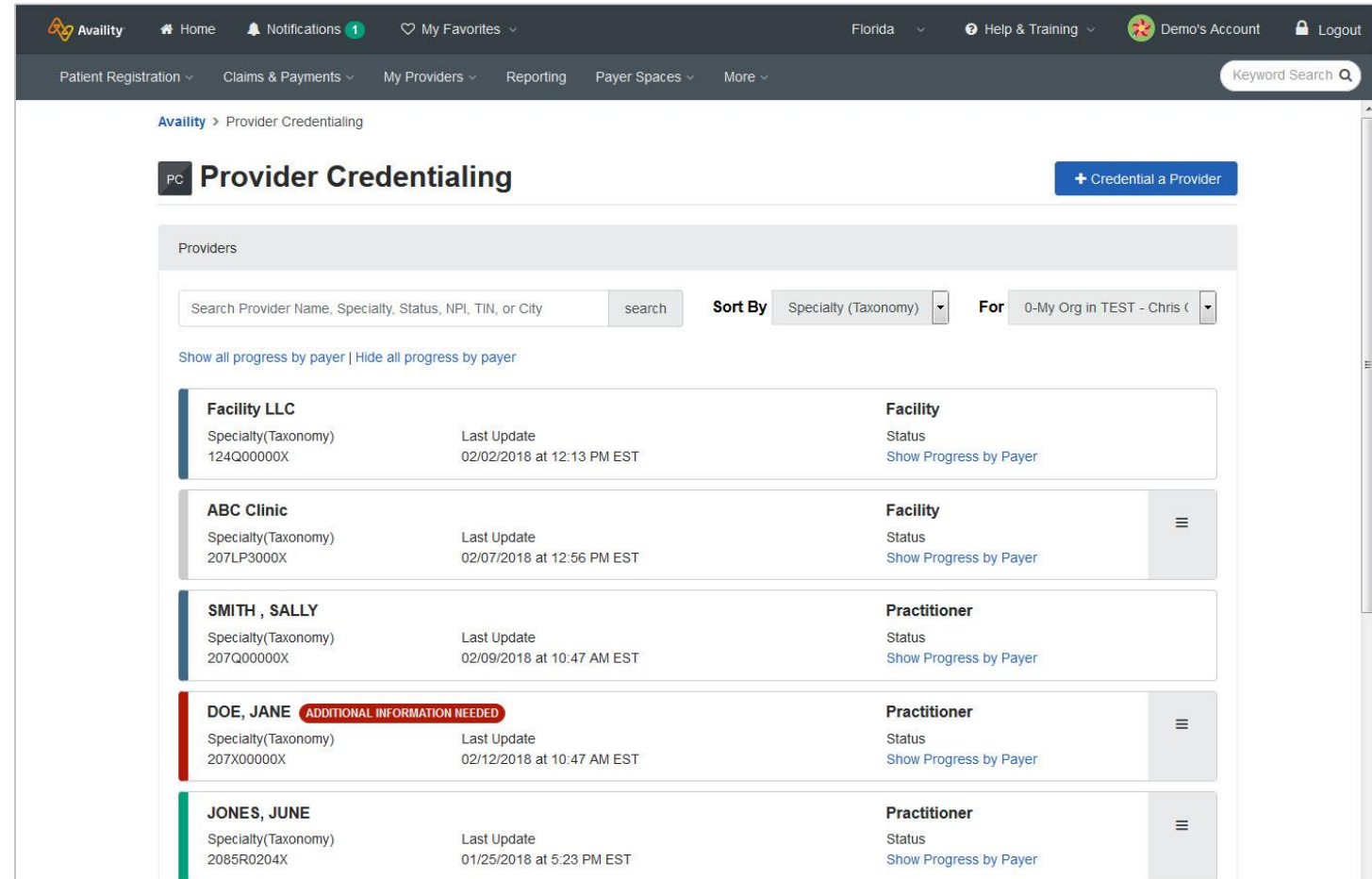
Previous Submit

Be sure to check the boxes



Credentialing Dashboard

- Search and sort the list with key information
- Statuses are color-coded
 - Gray - application has been started but not submitted
 - Blue - application has been submitted and is in progress
 - Red - error was found
 - Green - application has been approved
- Expand sections to view progress and history details
- Amend applications in-progress or with errors
- Re-credential approved providers



The screenshot displays the Availity Provider Credentialing dashboard. The top navigation bar includes links for Home, Notifications (1), My Favorites, Florida, Help & Training, Demo's Account, and Logout. Below this, a secondary navigation bar lists Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is located on the right side of the navigation bar.

The main content area is titled "Provider Credentialing" and features a "Credential a Provider" button. Below this, there is a section for "Providers" with a search bar and a "Sort By" dropdown menu. The search bar contains the text "Search Provider Name, Specialty, Status, NPI, TIN, or City". The "Sort By" dropdown is set to "Specialty (Taxonomy)".

The providers are listed in a table with the following columns: Provider Name, Specialty (Taxonomy), Last Update, and Status. The providers are color-coded based on their status: Gray for applications started but not submitted, Blue for applications submitted and in progress, Red for applications with errors, and Green for approved applications.

Provider Name	Specialty (Taxonomy)	Last Update	Status
Facility LLC	124Q00000X	02/02/2018 at 12:13 PM EST	Facility
ABC Clinic	207LP3000X	02/07/2018 at 12:56 PM EST	Facility
SMITH, SALLY	207Q00000X	02/09/2018 at 10:47 AM EST	Practitioner
DOE, JANE	207X00000X	02/12/2018 at 10:47 AM EST	Practitioner
JONES, JUNE	2085R0204X	01/25/2018 at 5:23 PM EST	Practitioner



Credentialing Dashboard

- a) Show or hide the progress of the application
- b) Show or hide the history details of the application

The screenshot displays the Availity Credentialing Dashboard. At the top, there is a navigation bar with the Availity logo, Home, Notifications (1), My Favorites, Florida, Help & Training, Demo's Account, and Logout. Below this is a secondary navigation bar with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is located on the right side of the secondary navigation bar.

The main content area is titled "Show all progress by payer | Hide all progress by payer". It features a section for "Facility LLC" with the Specialty(Taxonomy) 124Q00000X and a Last Update of 02/02/2018 at 12:13 PM EST. A button labeled "a" is next to the "Facility" status, with a sub-label "Hide Progress by Payer".

Below this, there is a section for "Aetna" with a button labeled "b" and a sub-label "Hide App History". This section shows a progress bar with four steps: "Application Available" (1/2/2018), "Application Submitted" (1/16/2018), "Sent to Committee" (2/2/2018), and "Decision Reached". The "Sent to Committee" step is currently active, indicated by a green checkmark.

The history details section below the progress bar shows a list of events:

- Sent to Committee** (2/2/2018) with a green checkmark.
- COMMITTEE REVIEW IN PROCESS** (2/2/2018 at 12:13:55 PM) with a yellow highlight.
- PSV COMPLETE** (2/1/2018 at 4:43:40 PM) with a grey highlight.
- ATTACHMENTS - STATE LICENSE ATTACHMENT IS NOT READABLE. PLEASE RESUBMIT** (1/29/2018 at 2:27:05 PM) with a red highlight.
- PSV IN PROCESS** (1/22/2018 at 12:23:35 PM) with a grey highlight.
- Application Submitted** (1/16/2018) with a green checkmark.
- APPLICATION SUBMITTED** (1/16/2018 at 11:14:58 AM) with a blue highlight.
- Application Available** (1/2/2018) with a green checkmark.
- APPLICATION REQUESTED** (1/2/2018 at 1:34:16 PM) with a grey highlight.



Thank you!

Contact Availity Client Services for additional assistance. Click **Help & Training | My Support Tickets** or call 1.800.AVAILITY (1.800.282.4548).

